

# CUSTOMER INFORMATION UPDATE FORM

## Corporate

Kindly complete this form. This is to enable us validate your record in order to serve you better.

TYPE OF BUSINESS : LIMITED LIABILITY ☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ NGO ☐ CLUB/SOCIETY ☐

SCHOOLS & INSTITUTIONS ☐

OTHERS ☐

Branch

Account No.:\*

Account Name

ANY OTHER ACCOUNT NUMBER(S)




Business registration no.:\*

Incorporation  
Number: \*

Date of Incorporation

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Type/Nature of business

Business Registered address:\*

Mailing Address: \*

Location of registered Office

|               |           |         |
|---------------|-----------|---------|
| Neighbourhood | City/Town | Country |
|---------------|-----------|---------|

Web/ E-mail Address: \*

Name & Address of Auditors:

Tax Identification Number: \*

Mobile: \*

Fax:

Telephone Number: \*

Website:

Signatory (ies) Information:

A) Name

|         |            |            |
|---------|------------|------------|
| Surname | First Name | Other Name |
|---------|------------|------------|

Mobile No.

Email:

Position

B) Name:

|         |            |            |
|---------|------------|------------|
| Surname | First Name | Other Name |
|---------|------------|------------|

Mobile No.

Email:

Position

## Directors' Information

Name of Director (1):

Surname

First Name

Other Name

Phone No.\*

Address:

Name of Director (2):

Surname

First Name

Other Name

Phone No.\*

Address:

Name of Director (3):

Surname

First Name

Other Name

Phone No.\*

Address:

## Financials

EXISTING CUSTOMER ID(S)

Source of funds

☐

Sales Proceeds

☐

Donations/Trust funds

☐

Services Rendered

☐

Investments

Others, please specify

## Anticipated volume & Type of Activity

Transaction Types

Anticipated No. of Transactions

Anticipated Amount per month

**Deposits**

(Including inward remittances)

☐

1-5

☐

6-10

☐

11 & Above

☐

1-1000

☐

1001-5000

☐

5001 & Above

**Withdrawals**

(including outward remittances)

☐

1-5

☐

6-10

☐

11 & Above

☐

1-1000

☐

1001-5000

☐

5001 & Above

We consent to the Bank making available information on the account to the Central Data Bank of the Association of Bankers, Credit Reference Bureau and Agencies.

Authorised signatory (ies) Name:

Signature/Date: \_\_\_\_\_

Authorised signatory (ies) Name:

Signature/Date: \_\_\_\_\_

All changes in current information must be supported by documentary evidence.. Please return with the following documents:  
certificate of incorporation of your company. 2. Copy of particulars of Directors. 3.Copy of utility bill issued within the last certified  
Memorandum & Articles of Association of your Company.

1. Signatories that have operated the account for over five years should please provide Recent Passport pictures and valid identification documents.
2. To enable us serve you better, we request that every Director and signatory complete the attached customer Information Update form (Individual current & savings)

DATE WORKED ON: \_\_\_\_\_

FORM NUMBER: \_\_\_\_\_

FRONT